PATIENT'S RIGHTS AND RESPONSIBILITIES

NY Retina Ophthalmology PLLC (NY Retina) recognizes that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when the care is rendered within an organizational structure such as NY Retina. These guidelines help us assure optimal patient care and greater satisfaction for the patient, his or her physician, and our facility. Therefore, NY Retina is informing you of your rights and responsibilities in seeking care from our physicians at our facilities:

Get to know our physicians and more NY Retina about NY Retina at www.nyretina.com

Your Patient Rights:

You have the right to:

- Be treated with respect, consideration, and dignity.
- Be free of all forms of abuse, neglect, or harassment.
- Receive care in a safe setting.
- Be provided with appropriate personal privacy.
- Expect privacy of health information: all disclosures and records to be treated confidentially, and, except when required by law, be given the opportunity to approve or refuse their release.
- Be provided, to the degree known, complete information concerning your diagnosis, evaluation, and treatment, alternative treatments and appropriate preventative measures, risks and benefits of treatment, and your prognosis; in appropriate understandable language. When it is medically inadvisable and/or the patient is unable to understand such information, the information is provided to a person designated by the patient as legally authorized (a patient representative or surrogate). Depending on the designation the patient has made, the patient's representative or surrogate may make all healthcare decisions for the patient during his/her surgery center visit, or may act in a more limited role, for example, as a liaison between the patient and the surgery center to help the patient communicate, understand, remember, and cope with the interactions that take place during the visit, and explain any instructions to the patient that are delivered by the surgery center staff. If a patient is unable to fully communicate directly with the surgery center staff, then the surgery center may give patient rights information to the patient's representative or surrogate. If the patient is adjudged incompetent by a court, the appropriate representative has rights to exercise on behalf of the patient.
- Be given the opportunity to have all your questions answered promptly to your satisfaction in appropriate understandable language.
- Be given the opportunity to participate in decisions involving your ophthalmic care, except when participation is contraindicated for medical reasons.
- Be informed as to:
    - ✓ These patient rights

- ✓ Expected conduct and responsibilities
- ✓ Services available in the organization
- ✓ Provisions for after-hours and emergency care
- ✓ Fees for services and payment policies
- ✓ The right to refuse participation in experimental research
- ✓ The credentials of your healthcare providers upon request
- ✓ Any facility advance directives
- ✓ Description and availability of applicable State health
- ✓ Safety laws and State advanced directives brochures/information

- To voice grievances regarding treatment that is or fails to be furnished with methods of expressing/filing grievances, complaints, and suggestions to the organization including those required by State and federal regulations.
- To have all violations/grievances reported immediately to the surgery center manager relating, but not limited to; mistreatment, neglect verbal, mental, sexual, or physical abuse. Substantiated allegations must be reported to State or local authority.
- Know by name the physician responsible for coordinating your care.
- Change your healthcare provider if you choose and if other qualified providers are available.
- Receive from your physician full information necessary to give informed consent prior to the start of any operative or invasive procedure. Except in emergencies, such information for informed consent should include, but not be limited to, the specific procedure and/or treatment, medically significant risks involved, the probable duration of incapacitation, the benefits of the treatment in appropriate understandable language. Interpretation services will be made available the following languages:
- Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning the medical alternatives, the patient will receive such information. (i.e. Informed Consent).
- Have all NY Retina Ophthalmology services made available to persons with disabilities.
- Decline treatment after being informed of the possible consequences of such a decision. Your decision will be respected to the extent permissible by law.
- Refuse examination or observation by any person not directly responsible for your care.
- Receive instructions regarding your care after you leave the facility.
- Receive an explanation of your doctor and facility bills.

- Notification of physician's financial interest/ownership.
- A second opinion or referral.
- To express suggestions, complaints, exercise rights, and/or grievances without being subjected to discrimination or reprisal. **Any issues may be referred to the administrators at NY Retina at info@nyretina.com**

Your Patient Responsibilities:

You have the responsibility to:

- Inform NY Retina your need for interpretation services prior to appointment.
- Arrive as scheduled for appointments and notify NY Retina in advance of canceled appointments. Provide accurate and complete information, to the best of your ability, about your medical history, medications (including over the counter products and dietary supplements), any allergies or sensitivities to medications and other items, current health concerns, and current eye concerns.
- Ask sufficient questions to ensure understanding of your illness or problem, as well as your provider's recommendations for continuing care.
- Follow the agreed-upon treatment plans prescribed by your doctors and other health professionals working under your doctor's directions, and to participate in your care.
- Either carry out treatment and educational recommendations, or accept responsibility for the outcome.
- Question any and all instructions you do not understand.
- Communicate with your health care provider if your condition does not follow the expected outcome.
- Provide a responsible adult to remain in the surgery center during surgery, to transport you home from the facility, and remain with you for 24 hours, if required by your provider or indicated on discharge instructions.
- Inform the facility of any medical power of attorney, living will, or other directive that could affect your care.
- Become informed of service costs and the requirements of your medical/vision insurance coverage such as: required referrals, co-payments, deductibles, and your out of pocket responsibilities.
- Make payment or arrange for payment of services accepting personal financial responsibility for any charges not covered by your insurance.
- Behave respectful toward all the health care professionals and staff, as well as other patients and visitors.

- Maintain a healthy lifestyle.

Contact Information for complaints:

Office of Professional Medical Conduct

Central Intake Unit

Riverview Center

150 Broadway-suite 355

Albany, NY

12204-2719

Website to contact the Office of Medicare Beneficiary Ombudsman:
https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

Medicare beneficiaries: The Ombudsman's role is ensure that you receive this information and helps you understand your Medicare options and your Medicare rights and protections.